

<b>OUTREACH ACTIVITY DATA COLLECTION FORM</b>		<b>(December 10, 2002)</b>
YOUR NAME:		
1. NLM PROJECT TITLE <i>(if applicable)</i> :		
2. DATE OF ACTIVITY:		
3. ORGANIZATION CONDUCTING ACTIVITY:		
4. TYPE(S) OF ORGANIZATION(S) INVOLVED IN ACTIVITY: <i>(check all that apply - e.g., if you are an academic health sciences library, check both Health Sciences Library as well as Academic Institution.)</i>		
<input type="checkbox"/> Health Sciences Library	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community-based
<input type="checkbox"/> Public Library	<input type="checkbox"/> Clinic/Other Health Care Organization	<input type="checkbox"/> Faith-based
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Academic Institution	<input type="checkbox"/> Other
5. SESSION CONTENT: <i>(check ALL that apply)</i>		
<input type="checkbox"/> PubMed	<input type="checkbox"/> NCBI	<input type="checkbox"/> Other Technology Content <i>(e.g. Health Resources on the Internet, Website usability, etc.)</i>
<input type="checkbox"/> MEDLINEplus	<input type="checkbox"/> NLM Gateway	<input type="checkbox"/> Other, Non-technology Content <i>(specify):</i> _____
<input type="checkbox"/> ClinicalTrials.gov	<input type="checkbox"/> TOXNET	
<b>ZIP CODE AND COUNTY WHERE ACTIVITY OCCURRED</b> <i>e.g. 46202-4525, Marion County</i>		
6a. ZIP Code <i>(5-digit, e.g. 46202):</i>	6b. ZIP+4 <i>(optional)</i> <i>(4-digit, e.g. -4525):</i>	6c. County:
7. LENGTH OF ACTIVITY: <i>(as percentage of an hour, e.g. .5, .75, 1.5, 2.5):</i>	8. HANDS-ON PRACTICE: <i>(access to computers provided during or after session.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. ACTIVITY CONDUCTED REMOTELY: <i>(from remote site, e.g. videoconference, teleconference, web-based class, etc.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	10. CONTINUING EDUCATION CREDIT OFFERED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ATTENDANCE INFORMATION</b>		
11a. SIGNIFICANT NUMBER OF MINORITIES PRESENT: <i>(<sup>&gt;</sup>50%)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, fill out 11b.</i>		
11b. MINORITY POPULATIONS PRESENT: <i>(Report only when <sup>&gt;</sup>50% of participants are minorities. Check all that apply)</i>		
<input type="checkbox"/> African American	<input type="checkbox"/> Asian and Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Hispanic	
12a. ESTIMATED NUMBER OF PARTICIPANTS:	12b. PARTICIPANT INFORMATION SHEET DISTRIBUTED :	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If NO, fill out 12c.</i>
12c. NATIONAL MEETING: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, fill out 12d, If NO, fill out 12e.</i>		
12d. ESTIMATED % INTERNATIONAL ATTENDANCE <i>(for national meetings only):</i>		
12e. ESTIMATED % ATTENDANCE BY STATE <i>(for state and regional meetings only):</i> <i>(e.g. IL – 60% , IN – 20%, OH – 20%)</i>		